

2015 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20. See other side for list of reportable diseases. Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (45 CFR §164.512)

Disease/Condition (include stage, if appropriate): _____ Today's Date _____

Last Name _____ First Name _____ Middle Name _____

Patient ID or last five digits of SSN: _____ DOB: ____/____/____

Street Address _____

City _____ State _____ Zip _____ County _____

Preferred Contact Number () _____ - _____ ☐ Home ☐ Cell ☐ Work

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Sex
☐ Male
☐ Female
☐ Unknown
 If female, pregnant?
☐ Yes ☐ No ☐ Unknown

Race
☐ Asian
☐ American Indian/
 Alaskan Native
☐ Black
☐ Pacific Islander
☐ White
☐ Unknown

Date of diagnosis/bite: ____/____/____

Date of symptom onset: ____/____/____

Symptoms: _____

Hospitalized Y | N | UNK
☐ ☐ ☐
 Emergency Room
☐ ☐ ☐
 Died
☐ ☐ ☐

Date of Death: ____/____/____

Treated: ☐ Yes ☐ No ☐ Unk

Date: ____/____/____

Rx: _____

For Rabies PEP:

Animal species: _____

Initial date of administration: ____/____/____

If hospitalized, complete: Hospital Name _____ Admit Date _____ Discharge Date _____

LABORATORY INFORMATION

* Report Hepatitis in Viral Hepatitis box below

Specimen Collection Date	Result Date	Lab Test Name (ex. Culture, IFA, IGM, PCR, Susceptibility)	Specimen Source (ex. Stool, Blood, CSF)	Result (ex. +/-, titer)	Species/Serotype

PATIENT STATUS

Y | N | UNK

In childcare ☐ ☐ ☐
 Food handler ☐ ☐ ☐
 Healthcare worker ☐ ☐ ☐
 Daycare Worker ☐ ☐ ☐
 Nursing home or other chronic care facility ☐ ☐ ☐
 Prisoner/detainee ☐ ☐ ☐
 Outbreak related ☐ ☐ ☐
 Travel in last 4 weeks ☐ ☐ ☐
 Other: _____

*VIRAL HEPATITIS TEST RESULTS

Specimen collection date: ____/____/____

ALT _____ AST _____ Result date: ____/____/____

Jaundice: ☐ Yes ☐ No

Pos | Neg | UNK

Hepatitis A Total anti-HAV ☐ ☐ ☐
 IgM anti-HAV ☐ ☐ ☐

Hepatitis B HBsAg ☐ ☐ ☐
 HBV NAT ☐ ☐ ☐
 HBeAg ☐ ☐ ☐
 IgM anti-HAB ☐ ☐ ☐

Hepatitis C HCV RNA (PCR, bDNA) ☐ ☐ ☐
 HCV (EIA) ☐ ☐ ☐

anti-HCV signal to cut-off ratio _____

REPORTER INFORMATION

Reporting lab/facility: _____

Reporting facility address: _____

Reporter name: _____

Reporter telephone: () _____ - _____

Performing lab name: _____

Ordering physician name: _____

Physician phone: () _____ - _____

Comments: _____

Mail or Call Reports To: _____

2015 SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DISEASE REPORTING FORM

Report IMMEDIATELY By Phone		Report Within 24 Hours By Phone	
! Any case that may be caused by chemical, biological, or radiological threat, novel infectious agent, or any cluster of cases, or outbreak of a disease or condition that might pose a substantial risk of human morbidity or mortality (1) (5)	Anthrax (<i>Bacillus anthracis</i>) (5) Botulism (<i>Clostridium botulinum</i> or Botulinum toxin) Influenza A, avian or other novel Measles (Rubeola) Meningococcal disease (2) (3) (4) (5) Plague (5) (<i>Yersinia pestis</i>) Poliomyelitis, Paralytic and Nonparalytic Rabies, human Smallpox (Variola) Viral Hemorrhagic Fever (Ebola, Lassa, Marburg viruses)	Animal (mammal) bites (6) Brucellosis (5) Chikungunya (5) Ciguatera Dengue (<i>Flavivirus</i>) (5) Diphtheria (5) Eastern Equine Encephalitis (5) <i>Escherichia coli</i> , Shiga toxin-producing (STEC) (5) <i>Haemophilus influenzae</i> , all types, invasive disease (3) (5) Hantavirus Hemolytic uremic syndrome (HUS), post-diarrheal Hepatitis (acute) A, B, C, D, & E Influenza associated deaths (all ages) La Crosse Encephalitis (5) Mumps	Pertussis Q fever (<i>Coxiella burnetii</i>) Rubella (includes congenital) <i>Staphylococcus aureus</i> , vancomycin-resistant or intermediate (VRSA/VISA) (2) (5) St. Louis Encephalitis (5) Syphilis, congenital, primary or secondary (lesion or rash) Trichinellosis (<i>T. spiralis</i>) Tuberculosis (5) (8) Tularemia (5) Typhoid fever (<i>Salmonella Typhi</i>) (2) (5) Typhus, epidemic (<i>Rickettsia prowazekii</i>) Vibrio - all types, including <i>V. cholerae</i> O1 & O139 (5) West Nile Virus (5) Yellow Fever (<i>Flavivirus</i>)
Report Within 3 Days			
Babesiosis Campylobacteriosis (2) Chancroid Chlamydia trachomatis, genital site <i>Clostridium difficile</i> (L) Creutzfeldt-Jakob Disease (Age < 55 years) Cryptosporidiosis Cyclosporiasis Ehrlichiosis / Anaplasmosis Giardiasis Gonorrhea (2) Hepatitis (chronic) B, C, & D Hepatitis B Surface Antigen+ w/each pregnancy	HIV and AIDS clinical diagnosis HIV CD4 test results (all results) (L) HIV subtype, genotype, and phenotype (L) HIV positive test results (detection and confirmatory tests) HIV viral load – all results (L) HLA-B5701 and co-receptor assay (L) Influenza <ul style="list-style-type: none"> • Lab-confirmed cases (Culture, RT-PCR, DFA, IFA) (2) • Lab confirmed hospitalizations (aggregate totals) (7) • Positive rapid flu tests (aggregate totals) (7) 	Lead tests, all results Legionellosis (5) Leprosy (Hansen's Disease) Leptospirosis Listeriosis (5) Lyme disease Lymphogranuloma venereum Malaria Psittacosis Rabies post-exposure prophylaxis (PEP) when administered (6)	Rocky Mountain Spotted Fever Salmonellosis (2) (5) Shigellosis (2) (5) Streptococcus group A, invasive disease (2) (3) Streptococcus group B, age < 90 days (2) <i>Streptococcus pneumoniae</i> , invasive (2) (3) Syphilis, latent or tertiary or positive serologic test Tetanus Toxic Shock (specify staph. or strep.) Varicella Yersiniosis (<i>Yersinia</i> , not pestis)
Potential Agent of Bioterrorism (L) Only labs are required to report. For notes 1-8, see complete list of reportable diseases at http://www.scdhec.gov/Health/FHPP/ReportDiseasesAdverseEvents/ReportableConditionsInSC/			
How To Report			
HIV, AIDS, and STDs (excluding Hepatitis): Call 1-800-277-0873; submit electronically via DHEC's web-based reporting system; or Mail to: Division of Surveillance & Technical Support Mills/Jarrett Complex Box 101106, Columbia, SC 29211	LEAD: Mail to: Division of Children's Health Mills/Jarrett Complex 2100 Bull Street, Columbia, SC 29201	TUBERCULOSIS: Call the TB Control Division (803-898-0558).	
ALL OTHER CONDITIONS:			
<ul style="list-style-type: none"> • Cases that are immediately (!) or urgently (*) reportable should be reported by PHONE. If no response to regional numbers, use the statewide DHEC Bureau of Disease Control emergency contact number (1-888-847-0902). • Cases that are reportable within 3 days should be reported electronically via DHEC's web-based reporting system, mailed, or called. To learn about DHEC's web-based reporting system, call 1-800-917-2093. • Report cases to the health department office in the region in which the patient resides (see reportable list for contact info). 			
<p style="text-align: center;"> DHEC Bureau of Disease Control Division of Acute Disease Epidemiology 2100 Bull St · Columbia, SC 29201 Phone: (803) 898-0861 · Fax: (803) 898-0897 · Nights / Weekends: 1-888-847-0902 For information on reportable conditions and daytime & after-hours phone numbers, see http://www.scdhec.gov/Health/FHPP/ReportDiseasesAdverseEvents/ReportableConditionsInSC/ </p>			